VERMONT
DEPARTMENT OF MENTAL HEALTH

MENTAL HEALTH UPDATE
November 4, 2008

Pieces Of History In Vermont Mental Health

The "Pieces of History" series in the Mental Health Update describes key events and significant policy milestones in the evolving Mental Health Systems of Care, thus, connecting our past to the present.

1985 ***C****ounterpoint* has been "a voice for news and the arts by psychiatric survivors, ex-patients and consumers of mental health services, and their families and friends" for more than twenty years. Published quarterly, the paper has a press run of 8,000 and is hand-delivered to approximately 350 locations in every part of Vermont. In addition, the paper has 100 mail subscriptions. *Counterpoint* is available in hospitals, community health centers, all community mental health agencies, grocery stores, pharmacies, housing complexes, physician practices and more. Every issue features creative writing and arts submitted by readers; news of interest to the mental-health community, written primarily by the editor or assigned writers; and an editorial section with letters, opinion columns, and an editorial. It also has an annual creative writing contest. When *Counterpoint* celebrated its 20th anniversary in 2005, it published headlines and clippings from past issues, highlighting the important role that *Counterpoint* has played in communicating the trends and developments in Vermont mental health from a consumer perspective. The Department of Mental Health has supported *Counterpoint* since its founding editor, Robert Crosby Loomis, requested funding in 1985. Anne Donahue has been editor since 1998 and is the sole staff for writing, editing, production, and delivery with support from an editorial advisory board that reviews each issue before publication

NAMI-VT Annual Conference This Week

The NAMI annual conference will be on November 7 & 8 at Montpelier's Capital Plaza Hotel. Nationally known keynote speakers, workshops on a variety of topics, and a celebration of the group's 25th anniversary are highlights of this year's meeting. **Dr. Deborah Black** will deliver the keynote address on Friday, November 7th, speaking on new developments in brain imaging and its implications for treatment of psychiatric conditions including schizophrenia, substance abuse dependence, and PTSD. On Saturday, **Pete Earley,** author of the best-seller ***CRAZY: A Father's Search Through America's Mental Health Madness,*** will offer the keynote speech. Earley's book was a finalist for the 2007 Pulitzer Prize in nonfiction. He has toured the nation, addressing the need to reform our mental health system and stop the imprisonment of persons with mental illness.

CEUs are available for social workers, licensed drug and alcohol providers, psychologists and LCMHCs. To register, contact Linda Anderson at namivt@verizon.net or 1-800-639-6480 today.

HCRS Files Letter of Intent to Develop Meadow View Residential Recovery Facility

HCRS has filed a Letter of Intent indicating their plan to seek a Certificate of Approval to develop a 6-bed, staff-secure residential recovery home on the grounds of the Brattleboro Retreat in Brattleboro. This home will be the second such community residential recovery facility in Vermont, Second Spring in Williamstown being the first. A COA will be required because this will be a new service with significant operational cost. The Letter of Intent is posted at http://healthvermont.gov/mh/coa/documents/MeadowViewLOI.pdf

The Vermont Association for Mental Health Celebrates 70 Years at Annual Conference

On Tuesday, October 28, the Association for Mental Health held its annual conference and celebrated its 70th anniversary. This year's event offered an opportunity for candidates for statewide offices to address the sell-out crowd. Both in the morning and in the afternoon, participants were invited to attend a variety of panel discussions and presentations about the following topics.

- Challenges of Sustainability
- Regulating Behavioral Health Managed Care
- Jail Diversion and Recovery Project for Vermont Veterans
- Vermont Substance Abuse Five Year Strategic Plan
- What's Working at Second Spring
- Psychiatry, Drug Company Marketing and Academic Detailing
- Youth Transitioning to Adulthood: Latest Developments
- What's New in Recovery Advocacy and Services

The annual event is a key opportunity for all mental health stakeholders to learn about current mental health issues and trends, network and share stories of success, hope and inspiration.

ADULT MENTAL HEALTH

State Standing Committee on Adult Mental Health

Vermont's State Standing Committee on Adult Mental Health held its monthly meeting on Monday, November 3, 2008. The Standing Committee had an opportunity to give input to the Care Management consultation team from the New England Partners. They will be producing a report with findings and recommendations based upon input from a wide variety of stakeholder groups in mental health to guide developments under the Futures Project for inpatient, crisis stabilization and residential levels of care.

The Standing Committee is also recruiting for new members. Two interested consumers and one interested provider attended the November 3 meeting. The Standing Committee still seeks a member from among the families of adults with severe mental illness. Please send inquiries to Melinda Murtaugh at mmurtaugh@vdh.state.vt.us.

Vermont's Mental Health Block Grant Planning Council

The state's Mental Health Block Grant Planning Council met on the afternoon of Monday, November 3, 2008, to review the Department of Mental Health's report on Fiscal Year 2008 block grant activities. In addition, the Planning Council identified top priorities for advocacy in Fiscal Year 2009:

- Affordable housing
- Development of a peer-advocate training program
- Supports to help recruitment of psychiatrists
- Bullying and harassment
- Dental care

John Pandiani and Barbara Carroll from Research and Statistics, sought input from the Planning Council on performance indicators and outcome measures. The members of the Planning Council gave their general endorsement to the National Outcome Measures (NOMs) as developed by the Substance Abuse and Mental Health Services Administration. NOMs consist of the following ten measures:

- Reduced morbidity
- Employment/education
- Reduced involvement in crime/criminal justice
- Stability in housing
- Social connectedness
- Access/service capacity
- Retention in treatment (substance abuse)/reduced psychiatric inpatient hospitalization (mental illness/emotional disturbance)
- Clients' perception of care
- Cost effectiveness of services
- Use of Evidence-Based Practices

CHILDREN'S MENTAL HEALTH

Minimum Standards for Behavior Interventionists

The Department of Mental Health (DMH) and the Department of Education (DOE) collaborated on the Success Beyond Six summer study to address questions posed by the legislators regarding school based mental health programs such as Behavior Interventionists and School Based Clinicians. One of the main recommendations was to develop minimum standards for behavior interventionists. The draft of these standards is complete and the Department of Mental Health and the Department of Education are currently seeking feedback and comments about them. The draft minimum standards and instructions for submitting comments about them appear on the following DMH and DOE websites.

Department of Mental Health's website at:
http://healthvermont.gov/mh/docs/cafu/pubs-cafu.aspx
Or Department of Education's website at:
http://education.vermont.gov/new/html/pgm_interagency.html

Feedback and comments are requested by Nov. 14, 2008.

FUTURES PROJECT

Residential Providers Meet with Care Management Consultants

For people with mental illness, residential care is a significant resource that meets a variety of needs, including a place to live, goal setting and recovery planning, skill development, medication management, wellness, and respite. At the invitation of the Department of Mental Health, residential providers met on November 3rd, specifically, to provide information about the services they offer to a group of consultants working with the Futures Project to design a care management system.

Residential providers described their admission and discharge criteria, the extent of programming they offer, the capacity they have to accommodate new residents, licensure requirements, clinical support, staffing, and other aspects that define the level of care provided. Participants recommended follow-up meetings of residential providers focus on continuing the clinical support and programming. Adult Mental Health Director Trish Singer will follow up on this idea. For more information, contact Trish Singer at psinger@vdh.state.vt.us or 802-652-2007.

To inform its work, the Care Management consulting team has also visited Vermont State Hospital, designated hospitals, and crisis bed programs, focusing initially on the acute care side of Vermont's continuum of mental health services. They recently visited Second Spring and began this week to gather information from residential providers of community residences that are operated by the Designated Agencies and that provide some level of treatment and/or transitional services for approximately 165 individuals statewide.

Meadow View Stakeholders' Advisory Group

The second Stakeholders' Advisory Group meeting for the Vermont Southern Alliance for Care was held on October 6th at the Brattleboro office of HCRS, 51 Fairview Street. Consumers, advocates, peer recovery specialists, a legislator, and project staff from HCRS and Brattleboro Retreat attended. The meeting continued the dialogue that began at the first meeting on describing a resident profile and the ways in which the Meadow View programming and the physical environment will address the needs of the residents. Project staff presented the Certificate of Approval (COA) process, tentative timetable, and the scope of renovations. Responses to behavioral health emergencies will require development of effective protocols, determination of the resources needed, and collaboration with law enforcement. Staff will gather information on how a similar program, Second Spring, manages this issue. The Stakeholders Advisory Group identified additional community resources to be tapped by the program, and benefits to the community from Meadow View. The next meeting will be Monday, November 10th from 3:00 to 5:00 p.m. Attendees will meet at Meadow View, located at 330 Linden Street in Brattleboro, for a brief tour, prior to the meeting at Brattleboro Retreat. For further questions, please contact George Karabakakis at HCRS (802) 866-4567, extension 2135.

Transformation Council

The October meeting of the Transformation Council included discussion of the State's budget process, Vermont State Hospital certification issues, planned meetings concerning psychotropic medications and children, responses to "Love" and "Prim" lines of Burton snowboards and other updates. The October 27th meeting minutes are posted on the

DMH website and found at
http://healthvermont.gov/mh/futures/documents/TCMinutes102708.pdf

VERMONT INTEGRATED SERVICES INITIATIVE (VISI)

VISI Transition Plan

With VISI Director Paul Dragon and Coordinator Kathy Browne leaving to pursue new professional opportunities, work has begun on a transition plan to ensure the continuation of VISI's good work on developing a system of integrated care. The table below lists the main activities of the VISI Transition Plan, the timeframe for each and the unit or person responsible for the activity.

Activity	Date	Responsible Party
Designate program lead	December 1	Trish Singer/ Peter Lee
Project Evaluation	Ongoing	DMH Admin/ QM/ Research & Statistics
VISI Forum	Quarterly	Trish Singer/Peter Lee/Mary Fillmore
Clinical Practices Committee	Monthly	Mary Pickener/ Todd Mandell/Evan Smith
Clinical Consultation Calls	Bi-Monthly	Mary Pickener/ Todd Mandell/Evan Smith
Co-occurring Trainings	Ongoing	Karen Crowley/ Nick Nichols
E-learning Site (Web training)	Ongoing	Karen Crowley/ Nancy Simoes/ Nick Nichols
Grant Administration (Reports, Budget)	Ongoing	Trish Singer/DMH QM Coordinator
VISI Website	Ongoing	DMH Webmaster
AHS Policy Statement	Ongoing	Trish Singer/ Barbara Cimaglio/ Michael Hartman
ADAP/ DMH Joint Policy Statement on Screening (contracts) *(Complete)*	July 1, 2009	Trish Singer/ Peter Lee
ADAP/DMH Joint Policy Statement on Assessment (contracts) *(Draft)*	July 1, 2009	Trish Singer/ Peter Lee
ADAP/ DMH Joint Policy Statement on Welcoming *(Draft)*	July 1, 2009	Trish Singer/ Peter Lee
ADAP/DMH Joint Policy Statement on Treatment *(Needs to be Drafted)*	July 1, 2009	Trish Singer/ Peter Lee
Peer Meetings	Monthly	Peer Team /Trish Singer/ Mike Tipton/ DMH Admin.
Peer Conference	September, 2009	Peer Team/Karen Crowley/ Nick Nichols

Clara Martin Pilot	Begins November 1	Karen Crowley/Nick Nichols/ Linda Piasecki/Trish Singer
NIATX	Ongoing	Karen Crowley/ Evan Smith
PATH Programs	Ongoing	Brian Smith
Co-occurring Initiative-Blueprint	Ongoing	Lisa Dulsky-Watkins/Barbara Cimaglio/Michael Hartman
DDCAT Collaborative	Monthly	Trish Singer/ Karen Crowley
VISI Technical Assistance With Providers	Ongoing	Trish Singer (lead)/ Mark McGovern Jody Kamon/ Mary Pickener/DMH QM Team

DRAFT: Department of Mental Health (DMH) and the Alcohol and Drug Abuse Programs (ADAP) Joint Policy Expectation on Welcoming.
Please let us know your thoughts and comments by e-mailing
pdragon@vdh.state.vt.us

Background

This is the second in a series of policy memoranda that will be issued jointly by ADAP and DMH in support of the implementation of the AHS Policy on the implementation of a Co-occurring Capable System of Care for individuals and families with co-occurring mental health and substance use conditions in the state of Vermont. This memorandum, along with the others, is intended to provide consistent policy direction to providers, clinicians, and consumers and families about all aspects of clinical practice that relate to co-occurring capability. Further, these memoranda are intended to be a vehicle by which ADAP and DMH can communicate to the field in an "integrated" manner, to demonstrate that we are all moving together, in partnership, to achieve a common vision.

These policy memoranda are informed by the activities of the Vermont Integrated Services Initiative, and specifically by the VISI Clinical Practices Committee. It is the intention of DMH and ADAP that this policy memorandum be carefully reviewed by a wide array of stakeholder representatives in an organized process that includes the VISI Clinical Practices Committee, the 26 VISI Change Teams, and the VISI Forum. Through these guidelines we hope to affect front line clinical best practice and match it to the needs and desires of consumers and families working toward recovery.

This policy memorandum specifically addresses welcoming individuals and families with complex needs, since this is a critical element of a system with "no wrong door" for people with complex needs. Although our previous memorandum mentioned welcoming and access, it was primarily focused on integrated screening. We have heard from stakeholders that welcoming is such an important issue that it should be addressed in a more detailed policy memorandum of its own, along with a User's Guide for Welcoming..

Subsequent memoranda will address integrated assessment, treatment planning, recovery planning, stage matched interventions, skill based interventions, peer support and other topics.

JOINT POLICY RECOMMENDATION

BACKGROUND

DMH and ADAP have made a commitment to develop a welcoming, accessible, integrated, culturally competent, recovery oriented, continuous, and comprehensive system of care. The main points of this recommendation are:

1. To welcome adults, adolescents, children, and their family members who request assistance with health, mental health, substance use or co-occurring conditions and to ensure provision of integrated, quality health, mental health and substance abuse services and support regardless of the presentation of health issue.
2. To provide the most appropriate services for clients of all ages who have an array of health conditions including families, caregivers, and others viewed by the individual/family requesting or needing services as significant in their life.
3. To understand that co-occurring conditions are the norm rather than the exception, and clients with co-occurring conditions appear in all parts of the public sector service system.
4. To recognize the phenomena of co-occurring conditions in families, in which a youth may have a serious emotional disturbance, and a family member or significant caregiver might have a substance use condition or vice versa.
5. Clients may present in any setting with any combination of health, mental health and substance use condition, regardless of whether or not the mental health condition may be substance-induced and whether or not the mental health and substance use conditions are active or in remission. This is true whether or not they meet eligibility criteria for specialty mental health services, specialty substance use services or both.
6. Every door is the right door to be screened and gain access to the most appropriate services in the Integrated VERMONT DMH AND ADAP system.

THEREFORE:

All programs funded or licensed by DMH and/or ADAP are expected to meet the following Expectations

1. **Welcoming:** There will be a welcoming environment within the building and particularly in the waiting room for all visitors and staff with complex health conditions. There will be policies, procedures, and staff competencies developed to ensure that individuals and families with co-occurring conditions and other complex needs are proactively welcomed for care wherever and whenever they present. Each program will engage in continuous quality improvement activities to make progress in welcoming.

2. **Consumer Involvement:** In order to maximize the experience in any program, it is expected that programs will involve consumers (particularly consumers with co-occurring conditions) in their quality improvement process. Consumers of service are the best arbiters of welcoming and should work in partnership with staff to help develop welcoming practice for individuals and families with complex needs.

3. **Access:** All programs within their capacity, scope of work and funding limitations will engage in a process to reduce and eventually eliminate any barriers to access based on arbitrary criteria related to co-occurring mental health and substance use conditions. (Examples of these types of barriers include but are not limited to: In a Mental Health program, requiring a certain length of sobriety before evaluation; In a substance use program, exclusions based on category of medication or psychiatric diagnosis).

Conclusion

We welcome all providers and stakeholders to join us in a continuing partnership to improve the quality of our services for individuals and families with co-occurring conditions

VISI Clinical Practices Dates:

Co-occurring Clinical Consultation calls in 2009:
1/14/09 3/11/09 5/13/09 7/08/0 9/9/09 11/11/09

Clinical Practice Committee Dates in 2009 (Subject to change on decision of members)
1/15/09 2/19/09 3/19/09 4/16/09 5/21/09 6/18/09 7/16/09
8/20/09 9/17/09 10/15/09 11/19/09 12/17/09

VISI Resources
Please check out the VISI website at http://healthvermont.gov/mh/visi/index.aspx

The VISI Resource Book with co-occurring information for consumers is now on the website or you can e-mail or call Patty Breneman at pbrenem@vdh.state.vt.us or 652-2033. They are a great addition to a waiting room or to give as handouts to consumers, peers and family and support people.

VERMONT STATE HOSPITAL

VSH Holds Training on the Six Core Strategies for Reducing the Use of Seclusion and Restraint
An essential component of VSH's initiative to reduce restraint and seclusion is staff training on the National Association of State Mental Health Program Directors' (NASMHPD) *Six Core Strategies for the Reduction of Seclusion and Restraint.* Last week, 41 staff from the Vermont State Hospital (VSH) and the Department of Mental Health's Central Office attended a two-day training conducted by experts from the Office of Technical Assistance (OTA) at the National Association of State Mental Health Program Directors (NASMHPD). This training focused on providing background, support for, instruction on how, and success stories for the reduction of the use of seclusion and restraint.

Planning has begun for round table discussions with all VSH staff to disseminate information about these strategies and orient them to these essential elements of a successful and sustainable effort to reduce use of seclusion and restraints. NASMHPD's 6 Core Strategies are a follows:

The Six Core Strategies for the Reduction of Seclusion and Restraint

1. **Leadership toward Organizational Change**. This strategy focuses on interventions that facility leaders can develop to champion the reduction of S/R by developing value statement, policies, implementing facility action plans, monitoring S/R trends, creating recognition opportunities for staff successes, and many others.
2. **Use of Data To Inform Practice**. This strategy focuses on the use of collected data to describe trends in action to support success or suggest further improvements. Data should be reported in an understandable form and available to multiple levels of facility staff.
3. **Workforce Development**. This strategy supports staff training and development of recovery oriented treatment environments. This area of focus provides support and supervision for staff to develop and succeed in their ability to care for persons served.
4. **Use of S/R Prevention Tools**. This strategy focuses on use of risk/history/trauma assessments, crisis/safety plans, person-first language use, beneficial environmental change, and use of sensory and therapeutic interventions to develop self regulatory behavior for persons served.
5. **Consumer Roles in Inpatient Settings**. This strategy encourages full and formal inclusion of consumers, families, and consumer advocates in event oversight, peer support services, and roles on key facility committees. It also supports the employment of consumers to work in the facility at varying levels.
6. **Debriefing Techniques**. This strategy focuses on developing non blaming rigorous analysis that provides knowledge to improve care. Debriefing as suggested is conducted in two phases; one as an informal post incident check in, and the second as a later formal root cause analysis.

To receive a more detailed outline of the 6 Core Strategies, please contact Ed Riddell or go online to www.samhsa.gov/Grants/2007/SM_07_005.pdf,

VERMONT STATE HOSPITAL CENSUS

The Vermont State Hospital Census was 44 as of midnight Tuesday. The average census for the past 45 days was 47.2.